



New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Chiropractic Examiners
124 Halsey Street, 6th Floor, P.O. Box 45004
Newark, New Jersey 07101
(973) 504-6395



Continuing Education Course Application

Submission of this form does not guarantee program approval.

This application must be completed in its entirety.

- All final or draft advertisement brochures and/or promotional materials if used, must accompany the application.
- A course syllabus or outline, curriculum vitae (CV) of all instructors and a letter verifying the speakers affiliation with an appropriate educational institution must also accompany this application.

Applications will be submitted to the Board for approval **only** when complete.

Acceptable program criteria may vary among boards.

Name of course or seminar _____

1. Organization or school presenting course _____

2. Contact information for person filling out this application:

Name _____

Phone _____ (include area code) FAX _____ (include area code)

E-mail _____

Street address _____

3. Name of co-sponsor (if applicable) _____

4. Date(s) course will be offered and locations. (Attach list if multiple locations and dates.)

Date

Location

_____	_____
_____	_____
_____	_____

5. Fee to be charged to participant: \$ _____

Fee covers _____

6. What best identifies the educational experience:

- ☐ Lecture ☐ Convention ☐ Forum ☐ Workshop ☐ Home Study
- ☐ Other _____

7. Exact day(s) and hour(s) course is scheduled:

Day

Hour

_____	_____
_____	_____
_____	_____

8. Number of continuing education hours requested _____

9. Name(s) of instructors (attach CV's or resume):

10. Provide the name of the attendance officer, the method of certifying/assuring attendance, and the name of the person who maintains attendance records for verification.

11. List text(s) and equipment used as aids:

12a. Is the course approved/sponsored by any school having status with the Council on Chiropractic Education? ☐ Yes ☐ No

b. Is the course approved/sponsored by any other healing arts school or college? ☐ Yes ☐ No

If "Yes," to either question, name the school _____

c. Is the course Providers of Approved Continuing Education approved? ☐ Yes ☐ No

13. Is an examination or evaluation process part of the program? ☐ Yes ☐ No

If "Yes," please describe.

14. Are any promotional publications or advertisements being used? ☐ Yes ☐ No

If "Yes," please **attach** final or draft copies (if attaching a draft, please mail a copy of the final version later).

15. Does this course include practice billing, either as a part of the program itself, or as an optional offering? ☐ Yes ☐ No

If "Yes," please explain.

16. Does this course either promote a product or apparatus or offer a product or apparatus as an optional item for inspection by those attending? ☐ Yes ☐ No

If "Yes," please explain.

17. Will those attending be given a product as a gift or at a reduced price? ☐ Yes ☐ No

If "Yes," please explain.

18. Topics and hours requested for approval:

<u>Topics</u>	<u>No. of hours</u>
a) Principles of Practice / Philosophy of Chiropractic	_____
b) Examination Procedures / Diagnosis	_____
c) Physical therapy / Physiological therapeutics	_____
d) Nutrition	_____
e) Adjustive technique	_____
f) Radiographic technique /safety	_____
g) Diagnostic imaging / interpretation	_____
h) Insurance reporting / Procedures	_____
i) Philosophy of Chiropractic	_____
j) Risk management	_____
k) Basic sciences	_____
l) Research trends	_____
m) Medical / Legal	_____
n) HIV prevention / education	_____
o) Boundaries issues	_____
p) Scope of practice	_____
q) Other (specify)_____	_____

Total number of hours requested for approval _____

19. I hereby certify that all of the information listed above is correct and that nothing has been omitted.

The required enclosures are also included.

☐ Yes ☐ No

Print name _____

Signature _____

Title _____

Date _____

Additional information is required by the Board for all courses seeking approval. Minimally, a syllabus must accompany this application (see the attached form).

Please e-mail your completed application to the N.J. State Board of Chiropractic Examiners at chiropracticce@dca.lps.state.nj.us.

*** The New Jersey State Board of Chiropractic Examiners limits continuing education coursework to 10 hours per day.**